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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | Application Number 10/576,319 | | Filing Date 18 April, 2006 | | <input type="checkbox"/> To be Mailed | | | | |
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| Substitute for Form PTO-1360 (For use with Form PTO/SB/06) | | | | Applicant(s) JOHNSON ET AL. | | | | Page 1 of 1 | | | | |
| * May be used for additional claims or amendments | | | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT 07/14/08 | | AFTER SEC. AMENDMENT | | * | | * | | * | |
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Part of Paper No20080718-1.